1. REVISION DATE: _____/_____/_____ MM DD YYYY

MEMORANDUM OF PAYMENT

2. WCB FILE NUMBER (if known):

EMPLOYEE

3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER: ( )
12. DATE OF INJURY: _____/_____/_____ MM DD YYYY	13. SPECIFIC INJURY OR ILLNESS:		14. BODY PARTS (S) AFFECTED:	

EMPLOYER

15. INSURER FILE NUMBER:	16. EMPLOYER NAME:	17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:
18. INSURER NAME:	19.INSURER MAILING ADDRESS AND PHONE NUMBER:	

NOTICE TO EMPLOYEE

20. YOUR EMPLOYER/INSURER IS REQUIRED TO FILE THIS WORKERS' COMPENSATION FORM UPON PAYMENT OF A LOST TIME WORK-RELATED INJURY. PAYMENT IS MADE FOR THE FOLLOWING REASON:

A. ☐ YOUR CLAIM IS ACCEPTED.

B. ☐ THIS IS A VOLUNTARY PAYMENT PENDING INVESTIGATION.

C. ☐ THIS IS A MANDATORY PAYMENT PURSUANT TO RULE 1.1. AMOUNT PAID $ _____. PERIOD COVERED BY MANDATORY PAYMENT:

FROM (DATE CLAIM MADE) _____/_____/_____ MM DD YYYY THROUGH (DATE NOTICE OF CONTROVERSY FILED AND BENEFITS PAID) _____/_____/_____ MM DD YYYY

21. TYPE OF PAYMENT:

A. ☐ WEEKLY COMPENSATION

B. ☐ SPECIFIC LOSS: _____ WEEKS

C. ☐ OTHER (EXPLAIN): _____

22. FIRST DAY OF COMPENSABILITY AFTER WAITING PERIOD WAS MET: _____/_____/_____ MM DD YYYY

23. DATE OF INCAPACITY: _____/_____/_____ MM DD YYYY DATE EMPLOYER NOTIFIED OF INCAPACITY: _____/_____/_____ MM DD YYYY	24. DATE CHECK MAILED: _____/_____/_____ MM DD YYYY	25. AVERAGE WEEKLY WAGE: $	26. CURRENT WEEKLY COMPENSATION RATE: ☐ TOTAL ☐ PARTIAL $ (IF VARYING RATES ARE BEING PAID, ENTER THE WORD "VARYING")

27. IS THIS AN APPORTIONMENT CLAIM? ☐ YES ☐ NO IF YES, ANSWER THE FOLLOWING:

OTHER DATE(S) OF INJURY INVOLVED: _____

OTHER INSURER(S) INVOLVED: _____

EXPLAIN THE TERMS OF THE APPORTIONMENT: _____

_____

28. COMMENTS:

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA	BANGOR	CARIBOU	LEWISTON	PORTLAND
24 STONE ST, STE 102	106 HOGAN RD	ONE VAUGHN PL	36 MOLLISON WAY	62 ELM ST
AUGUSTA, ME	BANGOR, ME	43 HATCH DR, STE 110	LEWISTON, ME	PORTLAND, ME
04330-5220	04401-5638	CARIBOU, ME 04736	04240-7777	04101-3061
(207) 287-2308	(207) 941-4550	(207) 498-6428	(207) 753-7700	(207) 822-0840
1-800-400-6854	1-800-400-6856	1-800-400-6855	1-800-400-6857	1-800-400-6858

29. PREPARER NAME (TYPE OR PRINT): E-MAIL ADDRESS:	30. TELEPHONE NUMBER: ( ) TOLL-FREE NUMBER: ( )	31. DATE MAILED: _____/_____/_____ MM DD YYYY

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.